

Prepared by: Austin Law Firm, P.A.
6928 Cobblestone Drive, Suite 100
Southaven, MS 38672
662-890-7575

*

Michael D. Hester

TO

QUITCLAIM DEED

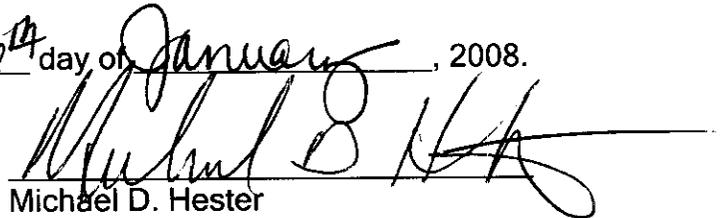
Rental Exchange, LLC,
GRANTEE

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, I, Michael D. Hester, do hereby convey and warrant unto Rental Exchange, LLC, all my right, title and interest in and to the land lying and being situated in DeSoto County, Mississippi:

Lot 367, Section B, South 1/2 and East of Cow Pen Creek DeSoto Village Subdivision, in Section 34, Township 1 South, Range 8 West, City of Horn Lake, DeSoto County, Mississippi, as shown by plat thereof recorded in Plat Book 8, Pages 16-21, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Shirley Ann Hester died May 24, 2008. A copy of her death certificate is attached for further reference.

WITNESS MY SIGNATURE, this the 16th day of January, 2008.


Michael D. Hester

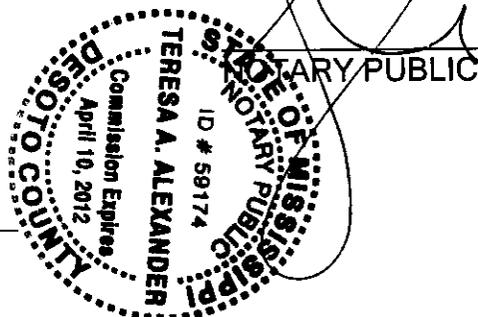
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STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named, Michael D. Hester, who acknowledged that he signed and delivered the above and foregoing Warranty Deed as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 16th day of January, 2008.

My Commission Expires:



GRANTOR/GRANTEES ADDRESS:
P.O. Box 115
Southaven, MS 38671
HOME NUMBER: N/A
BUSINESS NUMBER: 901-870-7500

NO TITLE WAS REQUESTED OR PERFORMED

STATE OF TENNESSEE Office of Vital Records



TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

64 DECEASED

NAME OF DECEASED, furnished by physician or informant

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) **SHIRLEY ANN HESTER**

2. SEX **FEMALE**

3. DATE OF DEATH (Month, Day, Year) **MAY 24, 2008**

4. SOCIAL SECURITY NUMBER (old covered) **410-56-2262**

5. AGE LAST BIRTHDAY (Years) **70**

6. DATE OF BIRTH (Month, Day, Year) **MAY 9, 1938**

7. BIRTHPLACE (City and State or Foreign Country) **RIPLEY, TENNESSEE**

8. WAS DECEASED EVER IN U.S. ARMED FORCES? **1** Yes **2** No **3** **XX** Inpatient **4** ER/Outpatient **5** DOA **6** Nursing Home **7** Residence **8** Other (Specify)

9a. PLACE OF DEATH (Check only one) **HOSPITAL**

9b. FACILITY NAME (If not institution, give street and number) **METHODIST HOSPITAL GERMANTOWN**

9c. CITY, TOWN, OR LOCATION OF DEATH **GERMANTOWN**

9d. COUNTY OF DEATH **SHELBY**

10. MARITAL STATUS-MARRIED, Never Married, Widowed, Divorced (Specify) **WIDOW**

11. SURVIVING SPOUSE (If wife, give maiden name) **NONE**

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **METER READER**

12b. KIND OF BUSINESS/INDUSTRY **ELECTRIC**

13a. RESIDENCE-STATE **MISSISSIPPI**

13b. COUNTY **DESOTO**

13c. CITY, TOWN, OR LOCATION **SOUTHAVEN**

13d. STREET AND NUMBER OR RURAL LOCATION **8128 WHITEHEAD DRIVE**

14. INSIDE CITY LIMITS? **1** Yes **2** No **3** **XX** Yes **4** No

14a. ZIP CODE **38671**

14b. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) **1** Yes **2** No **3** **XX** No

15. RACE-American Indian, Black, White, etc. (Specify) **WHITE**

18. DECEDENT'S EDUCATION (Specify only highest grade completed) **12** Elementary/Secondary (9-12) **13** College (1-4 or 5+)

17. FATHER'S NAME (First, Middle, Last) **EMMETT DEWEY KIRBY**

18. MOTHER'S NAME (First, Middle, Maiden Surname) **MAMIE MOZELLA SPILLER**

19a. INFORMANT'S NAME (Type/print) **MICHAEL HESTER**

19b. RELATIONSHIP TO DECEASED **SON**

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **3611 EAST POINT DRIVE SOUTHAVEN, MISSISSIPPI 38672**

20a. METHOD OF DISPOSITION: **1** Burial **2** Cremation **3** Removal from State **4** Donation **5** Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **RIPLEY MEMORIAL GARDEN**

20c. LOCATION (City or Town, State) **RIPLEY, TENNESSEE**

21a. SIGNATURE OF FUNERAL DIRECTOR **CRYSTAL BEAUREGARD**

21b. LICENSE NUMBER OF FUNERAL DIRECTOR **5550**

21c. SIGNATURE OF EMBALMER **BRADLEY SHOOK**

21d. LICENSE NUMBER OF EMBALMER **5655**

22a. NAME AND ADDRESS OF FUNERAL HOME **FOREST HILL SOUTH FUNERAL HOME 2545 EAST HOLMES ROAD, MEMPHIS, TENNESSEE 38118**

22b. LICENSE NUMBER OF FUNERAL HOME **920 TN**

23. REGISTRAR'S SIGNATURE **Nancy M. Brown, D.R.**

24. DATE FILED (Month, Day, Year) **6/5/08**

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

25b. SIGNATURE AND TITLE OF PHYSICIAN **Nasir Haque, M.D.**

25c. LICENSE NUMBER **MD023701**

25d. DATE SIGNED (Month, Day, Year) **6/3/08**

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.

26b. SIGNATURE AND TITLE OF MEDICAL EXAMINER

26c. LICENSE NUMBER

26d. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/print) **DR. NASIR HAQUE, 7645 WOLF RIVER BLVD., SUITE 202, GERMANTOWN, TN 38138**

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **Acute Cardio respiratory failure**

DUE TO (OR AS A CONSEQUENCE OF): **Pulmonary Embolism**

DUE TO (OR AS A CONSEQUENCE OF): **Metastatic Adenocarcinoma of the Colon**

29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? **1** Yes **2** No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **1** Yes **2** No

30. MANNER OF DEATH: **1** Natural **2** Accident **3** Suicide **4** Homicide **5** Pending Investigation **6** Could not be determined

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK? **1** Yes **2** No

31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1002 (REV. 6/05)

8871-10

ROA 1389

3901455

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-10 et seq., Vital Records Act of 1977.



Sharon M. Leinbach STATE REGISTRAR

Dorris Conner Local Registrar Shelby County

JUN 13 2008

Date Issued

CERTIFICATION OF VITAL RECORD